Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State File No. 66

Registered No. 33

1. PLACE OF DEATH

County... Gila ... State... ARIZONA

Township... or Village...

City... Globe ... No. Maurel Hotel ... St. ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Seb Sidney Anderson

How long in State where death occurred? ... yrs. ... mos. ... ds.

(a) Residence: No. Maurel Hotel ... St., ... Ward ... (If non-resident give city or town and state)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Edna M. Anderson

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1887

7. AGE Years 51 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Swimming Instructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denver (State or Country) Colo.

13. NAME Thomas Anderson

14. BIRTHPLACE (city or town) (State or Country) Ohio

15. MAIDEN NAME Susan Jenkins

16. BIRTHPLACE (city or town) (State or Country) Penna.

17. INFORMANT Mrs. Edna M. Anderson
(Address) Globe Arizona.

18. BURIAL, XXXXXXXXXXXXXXXXXXX
Place Globe Cemetery Date April 23 1939

19. EMBALMER License No. 18-A Signature Fred W. Jones

FUNERAL DIRECTOR License 10-A Fred W. Jones
Address Globe Arizona

20. Filed April 23 39 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 20, 19 39

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 39 to Apr 20, 1939; that I last saw him alive on Apr 20 1939; death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of Onset

Other contributory causes of importance:

septic dental

Caries — myocarditis

Name of operation... Date of...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...

Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify...

(Signed) C. Hunter, M. D.

(Address) Globe

Back of Certificate to be used for any Additional Information

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